

# LACROSSE FAIRGROUNDS SPEEDWAY

## PARTICIPANT MEMBERSHIP AND REGISTRATION

**2025 MEMBERSHIP FEE: \$15.00 (Driver, Crew, Owner) Please Circle**

**2025 CAR REGISTRATION - \$10.00 PER CAR NUMBER**

<input type="checkbox"/> LATE MODEL: CAR # _____ <input type="checkbox"/> SPORTSMEN: CAR # _____ <input type="checkbox"/> HORNET: CAR # _____ <input type="checkbox"/> OTHER: _____ CAR # _____	<input type="checkbox"/> STREET STOCK: CAR # _____ <input type="checkbox"/> 6 SHOOTER: CAR # _____ <input type="checkbox"/> MINI VAN: VAN # _____
--	---

**NO DUPLICATE NUMBERS ALLOWED IN NON-TRANSPONDER DIVISIONS**  
 NUMBERS ARE SAVED FROM PREVIOUS YEAR UP UNTIL 2 WEEKS TO FIRST RACE.  
 BE SURE TO CONFIRM YOUR NUMBER WITH THE SPEEDWAY.

**-- MEMBERSHIP AGREEMENT --**

**CONTRACT:** I am an independent contractor assuming all responsibility for money received as result of my activities including without eliminating income tax, FICA, Workman's compensation, and withholding taxes. I am not an employee, servant, or agent of the speedway.

**BENEFITS:** I agree that myself, Executors, and assigns will be entitled only to the benefits of the Competitor Accident Policy procured by the Speedway for accidental injuries which are result of external, violent, and visible means sustained in Speedway events. The foregoing shall constitute the limit of liability of the speedway for such injuries occurring to me in any Speedway event provided proper notification is given.

**COMPLIANCE:** The undersigned agrees that I have access to and have read and abide to by all rules and regulations of the Speedway now published or hereinafter modified. In consideration of the acceptance by the Speedway of this agreement, the undersigned recognizes his obligation to the public and Speedway, which posts the prize money and conducts the event, and agrees to compete in all events when qualified if humanly possible.

**BREACH & DAMAGE:** In the event the undersigned breaches this agreement, he shall be liable for actual and liquidated damages sustained by the Speedway.

**ADVERTISING RELEASES:** The undersigned consents to the use of his name, pictures of himself and his car for publicity, advertising and endorsements both before and after the events, and relinquishes any rights to photos taken in connection with events and consents to the publication or sale of such photos as the Speedway so desires.

**ARBITRATION:** Any controversy or claim arising out of or relating to this agreement, including any alleged breach, shall be settled in accordance with the rules and regulations of the Speedway and the under- signed agrees to accept the decision rendered by this process.

**RELEASE AND WAIVER:** The undersigned acknowledges that by signing the release and waiver at each race event, in exchange for admittance to restricted areas. By so signing, the release and waiver, you have waived legal rights, to sue for injuries, including death, and acknowledges the potentially dangerous nature of activities in and adjacent to restricted areas.

**OWNERSHIP:** If owner of a registered car, I certify I have a good and marketable title to the Competition vehicle free from liens and encumbrances and will deliver good and marketable title to said vehicle or any part thereof in the event the same is claimed pursuant to the rules.

APPLICANT'S FIRST & LAST NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

BEST PHONE # TO REACH YOU AT / CELL PHONE# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL \_\_\_\_\_@\_\_\_\_\_ (EMAIL MUST BE COMPLETED)

\*\*\*\* 1099-MISC. INCOME TAX \*\*\*\*

**SSN / FEIN (REQUIRED FOR ALL DRIVERS & CAR OWNERS)**

REPORT MY PAYOUT INCOME TO:    DRIVER    OWNER    (PLEASE CIRCLE)

SEND 1099 MISC FORM TO:

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

SSN# / FEIN: \_\_\_\_\_ (NOTE: AN W-9 MUST BE ON FILE WITH THE TRACK)

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT. I AGREE TO ABIDE BY ALL TERMS OF THIS AGREEMENT AND THE REQUIREMENTS OF THE RULES OF THE SPEEDWAY.**

SIGN \_\_\_\_\_

**REMIT TO: LACROSSE SPEEDWAY, PO BOX 853, WEST SALEM, WI. 54669**

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
 requester. Do not  
 send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> See <i>Specific Instructions</i> on page 3.	<p><b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above.</p> <hr/> <p><b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor                    <input type="checkbox"/> C corporation                    <input type="checkbox"/> S corporation                    <input type="checkbox"/> Partnership                    <input type="checkbox"/> Trust/estate  <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____  <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____             </p> <p><b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: center;"><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.). See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>					-				-				
				-				-					
<b>or</b>													
<b>Employer identification number</b>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> <td style="width: 20px; text-align: center;">-</td> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>					-				-				
				-				-					

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
------------------	--------------------------	------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

# LACROSSE FAIRGROUNDS SPEEDWAY

## 2025 DRIVER INFO / ANNOUNCER / MEDIA FORM

DIVISION \_\_\_\_\_ (Fill Out Separate Form For Each Div. you are Racing in)

CAR # \_\_\_\_\_ YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

NAME \_\_\_\_\_ ( L. Name Pronunciation) \_\_\_\_\_

NICKNAME \_\_\_\_\_

HOMETOWN \_\_\_\_\_ STATE \_\_\_\_\_ CREW CHIEF \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MARRIED - \_\_\_ YES / \_\_\_ NO

SPOUSE'S NAME \_\_\_\_\_ Twitter Page: @ \_\_\_\_\_

KIDS' NAMES & AGES \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_ Cell \_\_\_ / Home \_\_\_\_\_

### RACE TEAM SPONSORS (IN ORDER OF IMPORTANCE)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_ 7. \_\_\_\_\_

8. \_\_\_\_\_ 9. \_\_\_\_\_

RACING ACHIEVEMENTS: \_\_\_\_\_

MISC. INFORMATION (What the Fans and Media may find interesting about you.): \_\_\_\_\_

## **DRIVER**

**Name:** \_\_\_\_\_

**Nickname:** \_\_\_\_\_

**Division:** \_\_\_\_\_ **Car #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_ **Cell#:** (\_\_\_\_) \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

\_\_\_ **Heart Disease**    \_\_\_ **Diabetes**    \_\_\_ **High Blood Pressure**

\_\_\_ **Seizures**    \_\_\_ **Lung Disease**

**Hospital Choice:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_

### **Emergency Contact Information**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone #:** (\_\_\_\_) \_\_\_\_\_ **Cell#:** (\_\_\_\_) \_\_\_\_\_

This information will be confidential and will be available ONLY to Emergency Personnel.



# Season Pit Pass Application Form

• **INCLUDED in Season Pit Pass:**

- 1. Pit Pass for Every weekly event. Including, Smash-O-Rama, Street Drags, Enduro, and Night of Destruction.
- 2. A LaCrosse Speedway Membership
- 3. A NASCAR Membership

• **NOT Included in Season Pit Pass:**

- 1. Car fee for any Test and Tune event.
- 2. Not valid for the Oktoberfest Race Weekend

**2025 SEASON PIT PASS for all (excluding Late Model Driver or LM Owner): \$400**

**2025 SEASON PIT PASS for Late Model Driver or Late Model Owner: \$500**

**SEASON PIT PASS ONLY AVAILABLE UP TO SECOND NIGHT OF COMPETITION**

**APPLICANTS MUST SIGN THE WAIVER & RELEASE OF LIABILITY AT EVERY EVENT OR PRACTICE BEFORE ENTERING THE PIT AREA!**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Division: (circle): Late Model - Sportsmen - Hornet - Other

Applicant's Signature \_\_\_\_\_

**For Staff use only:**

Completed LaCrosse Membership License:

Completed NASCAR Membership License:  \_\_\_\_\_

Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Notes: \_\_\_\_\_